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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231

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**Preliminary Amendment** 

Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)				
Attorney Docket Number	00742/066002			
Applicant	Thomas L. Benjamin, et al.			
Title	DIAGNOSING AN TREATING CANCER CELLS USING Sal2			
PRIORITY INFORMATION:				
This application is a continuation-in-part of and claims priority from United States patent application 09/812,633, filed March 19, 2001, and claims priority from U.S. Provisional Application Number 60/216,723, filed on July 7, 2000, the disclosures of which are hereby included by reference.				
SMALL ENTITY STATUS:				
■ Applicant claims small entity status under 37 C.F.R. § 1.27.				
APPLICATION ELEMENTS:				
Cover sheet		1 page		
Specification		50 pages		
Claims		2 pages		
Abstract		1 pages		
Drawing		11 sheets		
Combined Declaration and POA, which is:  Unsigned; Newly signed for this application; A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.		3 pages		
Sequence Statement		2 pages		
Sequence Listing on Paper		15 pages		
Sequence Listing on Diskette		1 disk		
Small Entity Statement, which is:  A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.		[**] pages		

[\*\*] pages



IDS	[**] pages	
Form PTO 1449	[**] pages	
Cited References	[**] references	
Recordation Form Cover Sheet and Assignment	[**] pages	
English Translation	[**] pages	
Certified Copy of Priority Document	[**] pages	
Return Receipt Postcard	1	
FILING FEES:		
Basic Filing Fee: \$370	\$370.00	
Excess Claims Fee: 10 - 20 x \$9	\$****	
Excess Independent Claims Fee: 3 - 3 x \$42	\$****	
Multiple Dependent Claims Fee: \$140	\$****	
Total Fees:	\$370.00	
= Fuel and in a shoot for \$270.00 to cover the total for		

- Enclosed is a check for \$370.00 to cover the total fees.
- □ Charge [\*\*AMOUNT\*\*] to Deposit Account No. 03-2095 to cover the total fees.
- ☐ The filing fee is not being paid at this time.
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November 16, 200,

Date

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